

NOTICE OF COMPLIANCE/NON-COMPLIANCE**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT****Division of Environment
Waste Management Program**

Initial Inspection: Yes No Follow-up Inspection: Yes No Complaint: Yes No
 Hazardous Waste: LDF() TSF() GEN() KG() SQ() UNV() NOT A GEN() OTHER()
 Used Oil: UOG() UOT() UOM() UOP() UOB()
 Solid Waste: SLF() TRS() CDL() ILF() YWC() SWP() HHW() OBS() MTP() WTM() WTP() WTR() WTT()

TO: KC SCAFFOLD 01 / 22 / 10
 Facility Name Date
1019 CHEYENNE AVE KANSAS CITY KS 66105 WY
 Address City State Zip Code County

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EPA Identification No.

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Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and/or hazardous waste statutes and regulations.

☐ Violations As Follows

☒ No Violations Identified
CitationDescription of Violation

☒ Other Comments/Concerns:

CAND AWGAS - CHEYENNE 1019 LLC

502776



RCRA

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within _____ days of receipt of this notice a description of all corrective actions taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

Kansas Department of Health and Environment
 Northeast District Office
 Waste Management Program
 800 West 24 Street
 Lawrence, Kansas 66046-4417

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (785) 842-4600 or Bureau of Waste Management in the Topeka office at (785) 296-1600.

This Notice was prepared by:

[Signature]

Date 01 / 22 / 10

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: Mary Connolly

Signature: [Signature]

Title: Secretary

Date 1 / 22 / 2010

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF WASTE MANAGEMENT
BUREAU OF ENVIRONMENTAL FIELD SERVICES

**COMPLIANCE INSPECTION CHECKLIST
HAZARDOUS WASTE COVER PAGE**

General	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Complaint
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EPA/ ID/Permit No. KSR 000 505 487 Time 1100 Date 1-22-10

Facility Name KC Scaffold District NEDO

Street 1019 Cheyenne Ave City Kansas City ,KS ZIP 66105

Mailing Address (if different than above) _____

County Wyandotte Number of Employees 6

Phone _____ Fax _____ e-mail _____

Contact(s) Pat Connolly Inspector(s) Thomas Hayes

Type of Business Manufactures scaffolding

Operating Hours and Days Not determined

Lat/Long Location Method: _____ Lat/Long Location Feature: _____

Latitude: (e.g. 37.57621) _____ Longitude: (e.g. -101.57621) _____

Has the Lat/Long been entered in the SW database? Yes ☐ No ☒

Hazardous Waste Inspection: ☒ Yes ☐ No
 Generator Classification: ☐ Closed/Inactive ☒ Small Qty. Generator ☐ EPA Generator
☐ Not a Generator ☐ Kansas Generator ☐ Transporter

Other Regulated Activities: ☐ T/S/D Facility ☐ Tank System ☐ Subpart BB
 (complete applicable checklist) ☐ Universal Waste Activities

Has the company declared any information/processes as trade secrets KSA 65-3447? no
 If yes, explain: _____

If facility is closed/inactive, or has recently moved please provide a brief description.

Used Oil Activities: ☐ Yes ☒ No

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons? ☐ Yes ☐ No ☒ NA

If yes, then the facility is subject to SPCC requirements due to used oil activities.
 Does the facility have a SPCC Plan? ☐ Yes ☐ No ☒ NA

Facility Used Oil Activities (Attach a checklist for each one marked):
☐ Generator ☐ Collection Center / Aggregation Point
☐ Transporter / Transfer Facility ☐ Used Oil Processor / Re-Refiner
☐ Used Oil Burner (Off-Spec Fuel) ☐ Used Oil Marketer

Attach all applicable checklists.

HAZARDOUS WASTE GENERATOR COMPLIANCE INSPECTION CHECKLIST

WASTE STREAM TABLE

(List all hazardous wastes first, followed by solid wastes.)

Waste Description or Process	Hazardous Waste Codes (or universal, recycled, exempt, or non-hazardous)	Waste Determination Method (process knowledge or analytical data)	Waste Amount Generated Per Month	Waste Amount Presently in Storage	Oldest Accumulation Start Date	Present Waste Disposal Location (name of TSDF, MSWLF, recycler, etc.)
Damaged aerosol cans	D001	PK	Not to date	0	NA	Not to date
Scrap metal	Recycled	NA	Not determined	20-cubic yards	NA	Kaw Shredding
Laundered rags	Exempt	NA	Not determined	0	NA	AAA Uniform

RCRA Compliance Evaluation Inspection Summary

KC Scaffold

1019 Cheyenne Ave
Kansas City, Kansas 66105

EPA ID No.: KSR 000 505 487

Inspection Date: January 22, 2010

KDHE Inspectors: Thomas Hayes
Bureau of Environmental Field Services
Northeast District Office

1.0 INTRODUCTION

On January 22, 2010, I conducted a routine compliance inspection at the facility referenced above to determine compliance with the State of Kansas waste regulations. The focus of the inspection was to identify types of wastes generated, points of waste generation, methods of waste management, and review relevant documents. This inspection was conducted under the authority of Kansas Administrative Regulation (KAR) 28-31-12.

The facility manufactures scaffolding equipment. The facility consists of two buildings. The main building contains an office area. The second building houses manufacturing. Activities occurring outside the buildings include equipment storage.

The land is owned by Cheyenne 1019 LLC. According to KC Scaffolding, current leasers of the property, a Phase I environmental assessment was conducted prior to them leasing the property. As a result of the assessment, contaminated soil was removed under the EPA ID number KSR000505487, Cheyenne 1019 LLC.

2.0 CHANGES SINCE PREVIOUS INSPECTION

This was the first RCRA compliance inspection.

3.0 INSPECTION

I arrived at the facility at approximately 1100 hours and met with Mary Connolly, Office Secretary and wife of the business owner Pat Connolly. I presented my credentials and discussed the purpose and procedures of the compliance inspection. Ms. Connolly contacted her husband who was not on the premises. I then conducted a walk-through inspection of the interior and exterior of the facility. Lead foreman Gary (last name not provided) accompanied me during the walk-through inspection.

The facility uses aerosol cans to touch up metal parts. Parts are not painted at his location. Damaged aerosol cans have not been generated to date.

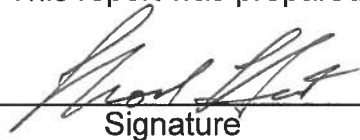
The facility uses Kaw Shredding for scrap metal. I observed approximately 20 cubic yards of scrap metal.

No violations were identified during the inspection of the following regulatory areas:

- General Requirements
- Non-accumulating Small Quantity Generator

4.0 SIGNATURE OF AUTHOR/INSPECTOR

This report was prepared by:



Signature